## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)			
			Į			(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO	CONFIRMATION NO.	
10/576,553	10/576,553 04/19/2006 He		nricus Petronella Maria Derckx		SOROK16.002APC	3767	
TITLE OF INVENTION: VOLTAGE CONVERTER							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) D	UE DATE DUE	
nonprovisional	NO	\$ <del>1440</del> \$1510	\$300	\$0	\$ <del>17 10</del> \$1.	810 11/14/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
HAN, YOUNGHUIE JESSICA		2838	323-272000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  1 Knobbe, Martens,				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or	type)			
PLEASE NOTE: Unle recordation as set forth	ss an assignee is identi in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the T a substitute for filing	patent. If an assign	ee is identified below, the	e document has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
DSP Group Switzerland AG Zurich, Switzerland							
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):	☐ Individual ■ Co	orporation or other private	group entity Government	
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Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
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Typed or printed name Christian A. Fox			Registration No				
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